

**OFFICE OF THE INSPECTOR GENERAL
DMHMRSAS**

**SNAPSHOT INSPECTION
SOUTHWESTERN VIRGINIA MENTAL HEALTH INSTITUTE**

OIG REPORT #89-03

Facility: Southwestern Virginia Mental Health Institute
Marion, Virginia

Date: November 17, 2003

Type of Inspection: Snapshot Inspection / Unannounced

Reviewers: Cathy Hill, LPC

INSPECTION SUMMARY

A Snapshot Inspection was conducted at Southwestern Virginia Mental Health Institute in Marion, Virginia on November 17, 2003. The purpose of a snapshot inspection is to conduct an unannounced review of a facility with a primary focus on three basic areas. The areas are as follows: the general conditions of the facility, staffing patterns and activity of patients.

Overall, the facility was well maintained, clean and comfortable. The facility continues in its efforts to renovate the Harmon Building in order to increase programming space. It is projected that this project will be completed in the spring.

SWVMHI has a Centralized Rehabilitation Services program, which provides an array of active treatment group activities designed to assist each patient increase their ability to successfully function within the community. The groups are offered on a twelve-week cycle with a week off in between so that program offerings can be reassessed and adjusted depending on patient needs. There has been an increased effort to integrate services for the adult populations, as appropriate, instead of offering groups for specific populations at varying times, as was the case in the past.

SWVMHI continues its efforts to enhance treatment through a number of mechanisms. One such mechanism is in the hiring of staff whose credentials offer increased clinical options within the setting. Since the last inspection, the facility has hired two additional board certified psychiatrists lessening its dependence on locum tenens for psychiatric coverage. There are currently two medical staff positions within the facility, which are not permanently filled. The facility has also hired a new pharmacy director whose credentials will provide increased opportunities for medication consultation, monitoring and safety.

PART I: STAFFING ISSUES

<p>1. Number of staff scheduled for this shift for this unit.</p> <p>DSA= Direct Services Associate</p>	<p>November 17, 2003 – Evening Shift</p> <p>A/B Unit: 33 patients and one in admissions 4 RNs, 1 LPN and 6 DSAs</p> <p>C/D Unit: 27 patients (one on pass) 2 RNs, 1 LPN and 6 DSAs</p> <p>E/F Unit: 35 patients 2 RNs, 1 LPN and 6 DSAs</p> <p>G Unit: 13 patients 1 RN, 1 DSA</p> <p>H Unit: 12 patients and 2 admissions 2 RNs and 7 DSAs</p> <p>I Unit: 17 patients 1 RN, 1 LPN and 4 DSAs</p> <p>J Unit: 20 patients 1 RN, 1 LPN, 5 DSAs</p> <p>Infirmery: 3 patients 1 RN</p>
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2. Number of staff present on the unit?	OIG staff noted that the actual staffing patterns varied somewhat from those identified above. On C/D Unit, one of the DSAs was off the unit transporting a discharged patient. On E/F Unit, 1 LPN was “pulled” to help on the adolescent unit. On J Unit, there was an RN on the unit who was completing orientation and not included in the count. G Unit usually operates with an additional DSA, but that individual was on annual leave.
3. Number of staff doing overtime during this shift or scheduled to be held over?	During the inspection, it was learned that there were not any persons doing OT on the evening shift. The use of mandatory overtime has been very limited at the facility. Interviews indicated that there has been a steady increase in the use of voluntary overtime utilized due to the number of patients on constant observation status, which has increased since the last inspection. Requests by staff to use vacation time have also added to the use of voluntary overtime.
4. Number of staff not present due absence because of workman’s compensation injury?	Interviews with staff during the tour of the facility indicated that there was one staff member out on workman’s compensation. It was indicated that this event, resulting in workman’s compensation, was patient related.
5. Number of staff members responsible for one-to-one coverage during this shift?	Interviews with facility staff during the inspection tour of the units indicated that the only patients on 1:1 status were on the adolescent unit. Of the 12 patients, 3 were on 1:1 staff coverage and 5 were under constant observation status. 1:1 status is identified as “within arms length” of the patient at all times. Constant observation requires that the patient is “within-sight” at all times.

6. Additional comments regarding staff: There has been a change in administration at SWVMHI since the last inspection conducted by the OIG. Cynthia McClure, PhD was named the Facility Director during Spring 2003 after serving as the Acting Director. Dr. McClure began her career at the facility in 1987 as a psychologist. She also served in the capacity of Clinical Director prior to being appointed to the Acting Director position. Staff were very complimentary of Dr. McClure and her style of leadership, which was characterized as encouraging open communication and staff involvement, with a focus on both problem-solving and recognizing excellence.

SWVMHI continues its efforts to enhance treatment through a number of mechanisms. One such mechanism is in the hiring of staff whose credentials offer increased clinical options within the setting. For example, the facility currently has three Master's level social workers. These individuals can provide a broader level of clinical services both within the treatment team and the centralized rehabilitation services.

In addition, the facility continues to increase the number of psychiatrists who are board certified. Since the last inspection, the facility has hired two additional board certified psychiatrists lessening its dependence on locum tenens for psychiatric coverage. There are currently two medical staff positions within the facility, which are not permanently filled. One of these positions is on an acute admissions unit and the other on an extended rehabilitation unit. Two of the six patients interviewed on the extended rehabilitation unit identified the change in psychiatric coverage due to the use of locum tenens as problematic. The patients related that medication changes usually accompany the introduction of each new psychiatrist resulting, from their perspective, in unnecessary delays and changes in their treatment. One person indicated he has had six different physicians in the past year. Interviews with administrative staff confirmed that there had been a number of physician changes within that particular unit during the referred time period. Interviews revealed that administrative staff, particularly the medical director, constantly strives to assure that consumers receive quality care and treatment and that efforts to lessen the number of physician changes are ongoing. The facility has also hired a new pharmacy director whose credentials will provide increased opportunities for medication consultation, monitoring and safety.

Nursing administration at this facility continue to be proactive in staff recruiting and retention efforts. A survey of nursing personnel was conducted in October 2003. One of the purposes of the survey was to assist in the establishment of staffing priorities and actions geared towards addressing issues associated with recruitment and retention. The results of the survey were not available at the time of the inspection. Other efforts have

included a limited piloting of the Baylor Plan (a modified schedule), a preceptor and cross-training program, recognition of excellent work through an employee of the month program and limited tuition reimbursement for additional training and credentialing. The facility is also exploring the possibility of offering an attendance incentive as well as shift differentials for direct care staff. Administration is reviewing the current documentation requirements for nursing staff in an effort to lessen the actual paperwork without diminishing the sharing of information necessary for assuring quality care for the patients.

Finding 1.1: Direct observation, interviews and a review of staffing documentation demonstrated adequate staffing patterns consistent with facility policy and providing for treatment, supervision and the safety concerns of the patients.

OIG Recommendation: None

Finding 1.2: SWVMHI places an emphasis on recruiting staff whose credentials and backgrounds offer increased opportunities for enhancing clinical services. Efforts at retaining quality staff are ongoing.

OIG Recommendation: None. Nursing administration among other administrative directors are constantly reviewing ways to recruit and retain quality staff.

PART II: ACTIVITIES OF THE PATIENTS/RESIDENTS

1. Bed capacity for the unit: 2. Census at the time of the review:

The number of patients on the units during the time of the inspection was 162. This included: 19 patients on A, 14 patients on B, 17 patients on C, 9 patients on D, 19 patients on E, 16 patients on F, 13 patients on G, 12 patients on H, 17 patients on I, 20 patients on J and 3 patients in the infirmary. This represents an increase in the number of patients served by the facility in recent months.

Representatives from SWVMHI have actively participated in the regional reinvestment process. Discussions, which have occurred in five partnership-planning conferences, centered on the identification of the services needs of consumers in this large region. It has been important to those involved to identify these needs in the broader context of other important issues facing this region such as increased unemployment, diminished primary health care options and the increased number of uninsured or under insured residents. Although discussions have also focused on the use of limited private

psychiatric facilities for acute admissions, SWVMHI continues to provide an essential service to consumers of this region as a “safety net” for both the adult and adolescent populations.

3. Number of patients/residents on special hospitalization status.

Interviews with administrative staff indicated that there were not any patients on special hospitalization status during the time of the inspection.

4. Number of patients/residents on special precautions?

Interviews with staff, on the units toured, indicated that 14 residents were noted to be on special precautions addressing issues such as aggressive and/or self-injurious behaviors, and/or other behavioral issues.

5. Number of patients/residents on 1 to 1?

Interviews with facility staff during the inspection tour of the units indicated that the only patients on 1:1 status were on the adolescent unit. Of the 12 patients, 3 were on 1:1 staff coverage and 5 were under constant observation status. 1:1 status is identified as “within arms length” of the patient at all times. Constant observation requires that the patient is “within-sight” at all times.

6. Identify the activities of the patients/residents?

Tours of the units occurred during the early evening hours, which are typically identified as leisure time. The majority of patients on the units were observed quietly resting in their rooms or watching television in the dayroom. Others were engaged in small group activities such as a board game. Scheduled events included activities such as a music group and a current events discussion group. Recreational activities were available in the gym/gameroom area during the evening hours for the adult patients. Patients were observed playing basketball, walking around the gym area, playing other games and watching a movie in a small group setting. Recreational group activities in the gym area are provided for the adolescent population at alternate times.

7. Are smoke breaks posted?

Smoke breaks were clearly identified at the facility. Smoking occurs in designated areas and under staff supervision. Unit tours and interviews with patients revealed that smoke breaks were posted, although all of those interviewed did not feel the facility provided adequate time for smoke breaks.

8. Do patients/residents have opportunities for off-ground activities?

Interviews with facility staff and patients indicated that there are opportunities for patients to participate in off-grounds activities once they have achieved the necessary level, which is addressed between the patient and the treatment team.

9. As appropriate, do patients/residents have opportunities for snacks?

Interviews with staff indicated that snacks do occur as appropriate for individualized diet plans. Snack times were identified as typically 10:00 am, 2:00pm, 4:00pm and 8:00pm.

10. Other comments regarding patient activities:

SWVMHI has a Centralized Rehabilitation Services program, which provides an array of group activities designed to assist each patient increase their ability to successfully function within the community. The groups are offered on a twelve-week cycle with a week off in between so that program offerings can be reassessed and adjusted depending on patient needs. There has been an increased effort to integrate the adult population into the groups, as appropriate, instead of offering groups for specific populations at varying times, as was the case in the past. This change enables the treatment teams, with patient input, to have an enhanced menu of program options in which to refer individuals. Unit based activities are still available for those individuals, who for a variety of reasons are identified as not able to participate in the more centralized activities. The facility also offers expanded rehabilitative services through enhanced evening and weekend programming. During the inspection, OIG staff observed two groups. In each, the leader had devised a game to engage the participants in reviewing curriculum material. Patients were actively engaged and responsive. Everyone was provided with an opportunity and encouraged to participate. The groups were relaxed, informative and relevant to the group topics/curriculum.

Vocational opportunities are available currently on a limited basis for patients. This provides individuals with opportunities to gain work experience and awareness of other responsibilities associated with employment such as attendance, arriving on time and successfully completing job tasks.

Co-occurring mental health and substance abuse disorders often present a significant challenge to public health providers. It is generally accepted that is important to address both issues at the same time because if one area goes unidentified and untreated the other condition will likely worsen. Effective tools for assisting the dually diagnosed (MI/SA) patient are timely screening, assessment and the initiation of, at the least, motivational enhancement services. Since the last inspection, this facility has designated a substance abuse staff person whose primary responsibilities are to assess and begin addressing the needs of these patients. At the time of the inspection, it was noted that approximately 300 patients have received services. In addition to substance abuse assessments, the staff offers both individual and group activities. Those interviewed indicated that this position has been a valuable addition for this facility.

OIG Finding 2.1: Interviews, reviews of programming schedules, direct observation and record reviews demonstrated that persons receiving care and treatment at SWVMHI have access to a variety of programming opportunities designed to enhance their skills for successful community living.

OIG Recommendation: None. SWVMHI administration and clinical directors places value in the development and maintenance of an array of active treatment programs/activities for the patients. Programs were offered as described.

PART III: ENVIRONMENTAL ISSUES

AREA OF REVIEW: Common Areas	Comments and Observations
1. The common areas are clean and well maintained.	Tours indicated that the residential areas visited were clean and well maintained.
2. Furniture is adequate to meet the needs and number of patients/residents.	Tours of units indicated that furniture was adequate to meet the needs of the patients.
3. Furniture is maintained and free from tears.	Tours of the common areas indicated that furniture was free from tears and was well maintained.
4. Curtains are provided when privacy is an issue.	Tours of the units demonstrated that window coverings are provided for privacy from the outside. There are visual barriers between the adult and adolescent residential units to allow for maximum privacy and confidentiality.
5. Clocks are available and time is accurate.	Clocks were available in public areas and were noted to have the correct time.
6. Notification on contacting the human rights advocate are posted.	A tour of each unit and interviews with patients indicated that information on how to contact the Human Rights Advocate was both posted and effectively communicated.

7. There is evidence that the facility is working towards creating a more home-like setting.	Efforts at making this institutional setting more homelike were noted. Patients indicated that they are allowed to have personal items in their rooms and encouraged to display photos, pictures and other objects.
8. Temperatures are seasonally appropriate.	Tours of units indicated that temperatures were comfortable. Interviews with patients indicated that staff make every effort to assure that they are comfortable.
9. Areas are designated for visits with family, etc., which affords privacy. Visiting hours are clearly posted.	Interviews with patients revealed that the facility makes every effort to afford privacy when they have visitors. There are areas on each unit that are designated for family visits.
10. Patients/residents have access to telephones, writing materials and literature.	Interviews with patients indicated that they have access to writing materials, telephones and reading material.
11. Hallways and doors are not blocked or cluttered.	Hallways, doors and egress routes were not blocked and were free of clutter.
12. Egress routes are clearly marked.	Tours of each unit indicate that egress routes are clearly marked.
13. Patients/residents are aware of what procedures to follow in the event of a fire.	Interviews with patients indicated that staff assist them during fire drills but that they were informed in community meetings as a part of orientation where to go for safe egress.
14. Fire drills are conducted routinely and across shifts.	Fire drills are conducted once per shift per quarter.
Bedrooms	Comments and Observations

1. Bedrooms are clean, comfortable and well-maintained.	All residential units toured were clean and well maintained.
2. Bedrooms are furnished with a mattress, sheets, blankets and pillow.	Interviews with the patients and observation indicated that each patient has a mattress, sheet, blankets and pillow. Additional blankets are available if requested.
3. Curtains or other coverings are provided for privacy.	Tours of the units confirmed that curtains and/or other coverings are provided for clients' privacy.
4. Bedrooms are free of hazards such as dangling blind cords, etc.	In the rooms observed there was not any evidence of hazards resulting from dangling cords, etc.
5. Patients/residents are able to obtain extra covers.	Interviews with patients indicated that they are able to obtain extra linens and covers. Housekeeping assists them in changing linens weekly or more often if necessary.
6. Patients/residents are afforded opportunities to personalize their rooms.	Interviews with patients indicated that clients are given the opportunity to personalize their rooms.
Bathrooms	Comments and Observations
1. Bathrooms were clean and well maintained	Bathrooms were noted to be clean and well maintained. Housekeeping maintains these areas.
2. Bathrooms were noted to be odor free.	Tours of bathrooms indicated that all were odor free.
3. Bathrooms were free of hazardous conditions.	Tours of bathrooms indicated that all were free of hazardous conditions.
Buildings and Grounds	Comments and Observations

1. Pathways are well-lit and free of hazardous conditions.	Tours of outside grounds indicated that pathways were well lit and free of hazardous conditions.
2. Buildings are identified and visitor procedures for entry posted.	Upon entering the center all visitors are greeted by staff and asked to identify themselves with a badge or other form of identification. A sign-in procedure is required and visitors are given a visitors pass for identification purposes. Sign-out is required. This includes the return of the pass.
3. Grounds are maintained.	Grounds are well maintained.
4. There are designated smoking areas with times posted.	Interviews with patients and observation revealed that the times when smoking breaks occurs were adequately communicated.
5. Patients/residents have opportunities to be outside.	Interviews with patients and observations revealed that persons with the appropriate privileges regularly go outside.

OIG Finding 3.1: Observations and interviews with patients demonstrated that the facility is well maintained, clean and comfortable.

OIG Recommendation: None.

PART IV: OTHER ISSUES

As with all facilities, SWVMHI is required to forward reports regarding critical incidents to the Virginia Office of Protection and Advocacy (VOPA), DMHMRSAS Central Office as well as this Office. These incidents as defined include events that resulted in injuries that required treatment by a physician or physician extender, loss of consciousness, allegations of sexual assault /rape and deaths, which occur within the facility or within 21 days of discharge. Reports are to be forwarded within 48 hours of occurrence or within 48 hours of discovery, if the time of occurrence is not known. Follow-up reports are also completed on each event that outline the incident, provide the known facts and give an update regarding the status of the patient/resident.

There is a wide continuum of events being reported from minor injuries to those that are more serious in nature due to the availability of physicians for assessment and review of patient care and established treatment protocols.

SWVMHI has a number of mechanisms established for the ongoing review of this information. Department heads and other members of the administration indicated that one of the most effective tools for the dissemination of critical information within the facility is in the daily nursing report. This report provides information relevant to issues of patient safety and treatment, which have occurred during the previous 24-hour period. Among the topics covered are medical conditions, behavioral issues, and critical incidents. The information is made available to program directors and the advocate. In addition, a review of incidents occurs during Special Management Committee meetings, which are held three times a week.

Finding 4.1:SWVMHI has a several mechanisms established for reviewing critical incidents and other potential areas of risk. The information is presented to key personnel in a timely manner. Performance improvement initiatives and reviews are also on-going.

OIG Recommendation: None.